



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

**LONG TERM CARE/CHRONIC FACILITY  
PRIVATE DAILY ROOM RATE (PDRR) FORM**

The Long term Care Facility must complete the PDRR Form for: 1) a new enrollment; 2) a Change of Ownership (CHOW) (new provider ID numbers); or 3) to report changes of the private daily room rate.

The PDRR must:

- Include Genworth survey data corresponding to locale for verification purposes;
- Only include one rate and/or rate listing for each applicable E&E Vendor ID number;
- Reflect the single room median rate of the combined basic care charges and/or basic room criteria types;
- Not include rates for services above basic room and board/care, such as recreational activities or vent care;
- Match the rate provided to the Local Department of Human Services (LDHS) on the DHMH 257 Form; and
- Include the MA Provider ID number for the facility and the E&E Vendor ID for an existing facility.

Please see provider transmittal #29-22 for additional instructions about completing the PDRR Form.

**Complete all of the information requested below:**

REQUESTOR NAME: \_\_\_\_\_

REQUESTOR TITLE: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

FACILITY/PAY TO PROVIDER NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

LTC FACILITY ADMINITRATOR (PRINT & SIGN) \_\_\_\_\_ DATE: \_\_\_\_\_

**1. REQUEST TYPE (please check only one):**

- Rate Update/Change for Vendor ID \_\_\_\_\_
- New Provider (**NEW**: For new providers, your E&E Vendor ID will be provided upon receipt of an official request for your patient listing/roster.)

**2. LEVEL OF CARE (LOC) DETAILS:**

Level of Care	Daily Room Rate Effective Date (mm/yy):	Daily Room Rate Amount \$
Skilled Care (081-SC)	/	\$
Intermediate Care (082-IC)	/	\$
Chronic Care (072-CC)	/	\$
Psychiatric Care (073-PSYC)	/	\$

\*To ensure the median private daily room rates submitted is correct **please attach the confirmed information** by use of <https://www.genworth.com> which we use to confirm/check/compare nursing home median rates.

**RESPONSE DETAILS  
(MDH OFFICE USE ONLY)**

	Decision Made By: (Printed Name & Initial)	Decision Date:	MDH/MMIS PROVIDER #: E&E Vendor #:	Resulting Action (Forwarded/Approved/Denied)
LTSS staff			MA #:	
LTCPRU staff			E & E Vendor ID #:	